

State of New Jersey CASINO CONTROL COMMISSION

RIGHT TO APPEAL

NOTICE OF RIGHT TO APPEAL

- 1. Please be advised that pursuant to <u>N.J.S.A.</u> 5:12-63(b), you have the right to appeal any final action or determination taken in your matter by the New Jersey Division of Gaming Enforcement (Division). You may be represented by an attorney, but you are not required to obtain an attorney.
- 2. The appeal process gives you the opportunity to be heard by the New Jersey Casino Control Commission (Commission) if you are unable to reach a settlement or are dissatisfied with the Division Director's final decision in your matter.
- 3. **Please note:** If you enter into a settlement with the Division, you will **not** be permitted to file an appeal in your matter.
- 4. You will have **20 days** from the date of any final Division action or determination to seek an appeal, and to complete and file an **Appeal Request Form** with the Commission
- 5. If you wish to exercise your right to appeal you <u>must</u> do so in writing. Please complete and send an **Appeal Request Form** by mail, fax or email to the Commission.
- 6. You may obtain a copy of the form on the Commission's website (www.nj.gov/casinos/) or one can be mailed to you. For more information concerning the appeal process or to request a form be mailed to you, please contact the Hearing and Appeal Unit.

Should you require additional information regarding this process, please contact the New Jersey Casino Control Commission's Hearings and Appeals Unit:

New Jersey Casino Control Commission Tennessee Avenue and Boardwalk Atlantic City, New Jersey 08401 Email: cccappeals@ccc.state.nj.us

Telephone: 609.441.3758 Facsimile: 609.441.7394 Website: www.nj.gov/casinos/



State of New Jersey CASINO CONTROL COMMISSION

APPEAL REQUEST FORM

New Jersey Casino Control Commission ATTN: Hearings and Appeals Unit Tennessee Avenue and Boardwalk Atlantic City, New Jersey 08401

To Whom It May Concern:

,	, request to appeal the final action
or determination taken in my matter by the Ne	
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permitted by <u>N.J.S.A.</u> 5:12-63(b). I understand tha	ii is my responsibility to notity the New Jersey
Casino Control Commission of any change(s) to my	address and/or other contact information. I also
understand that if I fail to attend any scheduled cor	nference(s) or hearing(s) dates, my ability to work
in the Atlantic City casino industry may be negative	ely affected and my appeal may be dismissed.
(Please include a copy of the Division Order from which you are appealing.)	
	LEGAL SIGNATURE
	LEGAL SIGNATURE DATE
	Date
Mailing Address: No. and Street, Apt., Suite, Rd. No.	
()	DATE CITY, STATE, ZIP CODE
	Date
()	DATE CITY, STATE, ZIP CODE

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